


**GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH**

**INSPECTION REPORT
THERAPEUTIC MASSAGE**

PAGE 1 OF 1

INSPECTION	GRADE	INSPECTION DATE	ESTABLISHMENT NAME	
Regular <input checked="" type="checkbox"/>	12 / B	10 / 03 / 2018	THE LEOPALACE SPA	
Follow - Up <input type="checkbox"/>		INSPECTION TIME	OWNER/OPERATOR	
Complaint <input type="checkbox"/>		10 Hr. 13 Min.	LEOPALACE GUAM CORPORATION	
Investigation <input type="checkbox"/>		TRAVEL TIME	LOCATION	
Other (Specify below) <input type="checkbox"/>		13 Hr. 00 Min.	YONA, GUAM	
		SANITARY PERMIT	PERMIT CATEGORY/STATUS (Circle One)	ESTABLISHMENT TYPE
		180001908	Permanent, Temporary/ <u>Current</u> , Expired	THERAPEUTIC MASSAGE

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.

ITEM NO.*	REMARKS	CORRECT BY (DATE)
	A REGULAR INSPECTION WAS CONDUCTED TODAY. THE FOLLOWING WERE OBSERVED:	
11.	MALE AND FEMALE RESTROOMS IN RECEPTION AREA FOUND WITH OUT SELF-CLOSING DEVICE; TOILET FACILITIES/ROOMS (EXCEPT ROOM C) THROUGHOUT THE WHOLE ESTABLISHMENT FOUND WITHOUT SELF-CLOSING DEVICE ON THE DOORS; PROPER VENTILATION IN ALL TOILET FACILITIES/ROOMS WERE NOT PROVIDED. TOILET ROOMS SHALL BE COMPLETELY ENCLOSED, ^{OR} SHALL HAVE SELF-CLOSING DOORS, AND SHALL BE PROPERLY VENTILATED TO PREVENT OBNOXIOUS ODORS FROM ENTERING ^{OR} EXITING THE ROOM AND TO AID IN PROVIDING PROPER VENTILATION.	4 10/02/18
38.	PHYSICAL EXAMINATION REPORTS FOR EMPLOYEES WERE NOT ON FILE. PHYSICAL EXAMINATION REPORT SHALL BE KEPT ON FILE BY THE PERMIT HOLDER AT THE MASSAGE ESTABLISHMENT WHERE THE PERSON WORKS AS PER REGULATIONS RELATIVE TO THE SANITARY OPERATIONS OF A THERAPEUTIC MASSAGE.	6 10/15/18
41.	PREVIOUS INSPECTION REPORT NOT POSTED. INSPECTION REPORT SHALL BE POSTED AS REQUIRED AS PER REGULATIONS RELATIVE TO THE SANITARY OPERATIONS OF A THERAPEUTIC MASSAGE. PHOTOS AND VIDEOS WERE TAKEN. LAST WEEK (09/27/18) AS PER PERSON-IN-CHARGE (PIC) A PLACARD "A" NO. 01206 WAS NOT FOUND. ISSUED AND POSTED PLACARD "B" NO. 01043 ON THE SHELF OF RECEPTION AREA. DISCUSSED THIS REPORT WITH MS. MELISSA BRADY, MASSAGE THERAPIST.	2 11/02/18
	REVIEWED BY:  10/8/18 BIE SUPERVISOR DATE	

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*When any of the following items are cited above, they shall be corrected within

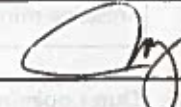
24 hours: (Items 1 to 7, 25, 26, 28, 39 & 40)

Ten days: (Items 8, 9, 13, 14 & 22)

Twenty days: (Items 11, 16, 17 & 38)

Thirty days: (All others from this Insp. date)

RECEIVED BY (Name and Title)

MELISSA BRADY, MASSAGE THERAPIST 

DEH INSPECTOR (Name and Title)

V. RAYMUNDO, EPHO I  300-9670